

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36203

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township St. Louis Primary Registration District No. St. Lukes Hosp.
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 20 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5775 Waterman St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Bronson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
AB 5 4 - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Buyer
9. Industry or business in which work was done, as saw mill, bank, etc. Hides
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

13. NAME Harry Bronson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

15. MAIDEN NAME Sanie Sidel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT (ADDRESS) Samuel Bronson 5775 Waterman

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE Oct. 22, 37

19. FUNERAL DIRECTOR (ADDRESS) H.B. BERGER L + V Co. 4715 ME PHERSON

20. FILED OCT 21 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/10/37, 19, to 10/21/37, 19

I last saw him alive on 10/20/37, 19. Death is said to have occurred on the date stated above, at 6¹⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance:

Intestinal obstruction due to Carcinoma of Colon

Name of operation Removal of Colon with colostomy Date of 10/10/37

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E.O. Mastin, M. D.

(Address) 3720 Washington ave.

STATEMENT BY LICENSED EMBALMER

I, James G. Sullivan, Licensed Embalmer No. 1122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)